

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155776		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2011	
NAME OF PROVIDER OR SUPPLIER SPRINGHILL VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 E SPRINGHILL DRIVE TERRE HAUTE, IN47802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/23/11</p> <p>Facility Number: 012188 Provider Number: 155776 AIM Number: 200958030</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Springhill Village was found not in compliance with NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility was a one story building determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 99 and</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0050 SS=F	<p>had a census of 96 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/24/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 1 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p>			K0050	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Desk Review on or after 6/30/11 K050 NFPA 101 Life</p>		06/30/2011

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	<p>Based on review of the facility's fire drills in the PM book on 06/23/11 at 11:15 a.m. with the Maintenance Supervisor present, the facility conducted twelve fire drills since June of 2010, however, they lacked written documentation a fire drill was conducted during the first shift (day) of the fourth quarter (October, November, and December) of 2010. This was acknowledged by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p>				<p>Safety Code StandardIt is the policy of this provider to have fire drills held at unexpected times under varying conditions, at least quarterly on each shift. The staff are familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement is used instead of audible alarms.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Corrective action was implemented with Maintenance Supervisor on 6/23/11.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.Residents that reside at the facility may be affected by the alleged deficient practice. Maintenance Supervisor and Executive Director reviewed fire drill schedule to ensure each shift is scheduled quarterly.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. Maintenance Supervisor will follow fire drill schedule as per</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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					<p>company policy and procedure. Executive Director will review fire drills each month to ensure that schedule is being followed. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. A CQI tool will be initiated weekly for four weeks and monthly times two months and quarterly thereafter. Maintenance Supervisor will monitor for compliance. The CQI Committee will review quarterly.</p>		